## Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

09910687

	(	CLAIMS AS	(Column		(Colur	nn 2)		MALL EN YPE		OR	SMALL E	
TO	TAL CLAIMS		4				Γ	RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		E	ASIC FEE	355.00	OR	ASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			4 5 minus 20=		• 25			X\$ 9=		OR	X\$18=	450
INDEPENDENT CLAIMS			3 minus 3 =		· \$		Ţ	X40=		OR	X80=	
MULTIPLE DEPENDENT CLAIM PRESENT					·		Ī	+135=		OR	+270=	
* If the difference in column 1 is			less than ze	ro, ente	"0" in column 2		L	TOTAL		OR	TOTAL	1160
		CLAIMS AS AMENDED - PART II			(Column 3)		SMALL ENTITY		OR	OTHER THAN SMALL ENTITY		
NTA		(Column 1) CLAIMS REMAINING AFTER AMENDMENT	4,	HIGH NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT A	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X40=		OR	X80=	
L	FIRST PRESE	NTATION OF M	NULTIPLE DE	PENDEN	IT CLAIM		ן י	+135=		OR	+270=	
							L	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)			umn 2)	(Column 3)				_		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NU PRE\	HEST MBER NOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X40=		OR	X80=	
	FIRST PRESE	NTATION OF I	MULTIPLE DE	PENDE	NT CLAIM	<u> </u>	_	+135=		OR	+270=	
						•	1	TOTAL ADDIT. FEE		OR	TOTA ADDIT. FE	
		(Column 1)	)	(Co	lumn 2)	(Column 3		ADDII. 1 EE				
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMEN		HI NU PRE	GHEST JMBER VIOUSLY ID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	Ĭ
MEN	Independent	•	Minus	***		=		X40=		OR	X80=	
L	FIRST PRES	ENTATION OF	MULTIPLE D	EPENDE	NT CLAI	М	1	+135=	1	OR	+270=	
	If the entry in co	lumn 1 is less tha	in the entry in co	olumn 2, v	vrite "0" in	column 3.	on "	TOTAL		OF	TOT/	AL
	** If the "Highest N	lumbar Praviously	y Paid For" IN I	HIS SPAC	E IS IESS I	man 20, enter 2		ADDIT. FEI ound in the a			ADDIT. I E	

## NOTICE OF FEE DUE

DATE:	01-10-01		
TO:	D1-10-01 Sector		
FROM:	Office of Initial Patent Examir		:
SUBJECT:	: Fee Due		*
APPLICAT	TION NUMBER: 09910	687	•
authorization	e for the attached document subthe following reason. Please che on to charge a deposit account. In appropriate fee. If an authorizaticiency.	ck the application	ion for the appropriate
☐ Insuffici	ent fee by check		
☐ Insuffici	ent funds in deposit account		
☐ Declined	credit card		
□ Non auth	orization for charge to deposit a	ccount	•
□ No fee su	bmitted per requirement		
	•	٠.	
The correct f	iee code: 203	amount	\$ 18.00
The suspende	ed fee code: 197	amount	-\$_3.00
Fee Due		amount	=\$ _/5
If you have an Eleanor Kurtz	ly questions, please contact Cyntat 703-308-3642.	hia Streater at	703-306-5430 or

Terminal Operator Meaja Beslie